

## AGENDA

The McLean County Board of Health Meeting Wednesday, March 9, 2016, 5:30 p.m., at McLean County Health Department, 200 West Front Street, Room 322, Bloomington, IL.

Item	Packet Page		
A. Call to Order			
B. Establish Agenda			
C. Public Participation			
D. Approve Minutes of January 13, 2016			
E. Consent Agenda			
1. Bills to be Paid –	<u>As of 2/1/16</u>	<u>As of 2/29/16</u>	01-09
Health Department	112-61	\$132,160.87	\$190,473.43
Dental Sealant	102-61	21,489.54	28,494.43
WIC	103-61	3,587.66	9,428.13
Preventive Health	105-61	1,038.30	2,939.17
Family Case Mngemt	106-61	11,501.44	24,736.26
AIDS/CD Control	107-61	1,000.79	9,973.96
F. Committee Reports			
1. Ad Hoc Nominating Committee-Special Orders			
G. Old Business			
1. <u>Items For Action</u>			
a.			
2. <u>Items For Information</u>			
a. FY2015-2019 Strategic Plan			A-6
H. New Business			
1. <u>Items For Action</u>			
a. CONTRACTS/GRANT APPLICATIONS – March 2016			A-1, B
b. Streamline Healthcare Solutions (SHS) Software Package – 553/377			A-2, C
c. McLean County Health Department Fee Resolution			A-3, D
2. <u>Items For Information</u>			
a. Monthly Activity Summary Report			A-4, E
b. Illinois Department Human Services (IDHS) Response to Program Reviews			A-5, F
c. MCHD Dental Clinic Anecdote			A-7, G
I. Director's Report			Attachment A
J. Staff Reports			
1. Maternal Child Health			10-13
2. Environmental Health			14-17
3. Behavioral Health			
4. Administration			18-20
5. Community Health Services			21-27
K. Board Issues			
M. Adjourn			

MINUTES  
McLEAN COUNTY BOARD OF HEALTH  
REGULAR MEETING – JANUARY 13, 2016

MEMBERS PRSENT: Powell, Bowers, Buchanan, Ginzburg, Naour, Owens, Reece, Tello, Turley, and Wollrab

MEMBERS ABSENT: Kerber

STAFF PRESENT: Howe, Anderson K, Anderson T, Beavers, Coverston Anderson, Dreyer, and Voss

CALL TO ORDER: Powell called the Board of Health meeting to order at 5:34 p.m. with no corrections to the agenda.

PUBLIC PRESENT: Susan Schafer, McLean County Board; Edith Brady Lunny, Pantagraph; and Jessica Woods, McLean County Assistant States Attorney

MINUTES: Powell requested approval for the minutes of November 10, 2015.

Reece/Buchanan moved and seconded approval for the minutes of November 10, 2015.  
Motion carried.

CONSENT AGENDA:

Consent Agenda - January

		<u>November</u>	<u>December</u>
1. Bills to be Paid			
Health Department	112-61	\$ 209,328.93	\$ 141,617.57
Dental Sealant	102-61	29,003.25	18,491.94
WIC	103-61	16,768.59	10,964.58
Preventive	105-61	3,074.90	1,103.01
Family Case Mmgent	106-61	37,337.02	14,403.64
AIDS/CD	107-61	15,446.02	2,996.85

Owens/Turley moved and seconded approval for the Consent Agenda as printed. Motion carried.

COMMITTEE REPORTS: Coverston Anderson noted that she didn't have a John M. Scott Commission report due to no open session meeting in December; however, the Commission is still working on their strategic plan and has decided to split into two work groups, grants/services and finance.

OLD BUSINESS: Howe requested approval for a Budget Amendment, which was presented to the County Health Committee on January 4, 2016 to amend the year-end of FY15 budget for the WIC Fund. The amendment requests an increase in the IDPA Medicaid Revenue line of \$12,200, based upon additional revenue collected for annual hemoglobin screenings provided to children and adults in the WIC program. As a result of the expanded Medicaid program in Illinois, more individuals are eligible for Medicaid which covers this service. The additional resources were used to purchase 6 infant and four adult scales used in the WIC program. Funds were also used to purchase program information on local buses.

Buchanan/Ginzburg moved and seconded the FY15 WIC Budget Amendment. Motion carried.

**NEW BUSINESS:** Howe requested approval for the Contracts/Grant Application List for January. He explained that the list contains one new contract and two new renewal applications for this reporting period. The contract, with IDPH, was for the renewal of the Lead Poisoning Case Management grant which allows for the case management of children with elevated lead levels of 10 micrograms per deciliter. This grant has been reduced by \$952 which is about 10%.

Howe explained that the application, to IDPH for the Ticket for a Cure program, appears to be an increase but reflects annualization from six months to 12 months; funding remains level with the prior year's award on a monthly basis.

Howe stated that the Komen grant targets rural women 40+ to get annual mammograms and provides access for transportation to mammogram appointments. Reece inquired how the rural women know about the program. Coverston Anderson explained that she was new to this program and couldn't answer the question but would be happy to respond with that information. Howe explained that one past practice was to include information in communication distributed by utility companies sending notices to rural residents. Also, rural churches and libraries make the information available.

Turley/Wollrab moved and seconded approval for the Contracts/Grant Application List for January. Motion carried.

Howe shared the McLean County Health Committee meeting schedule and explained that the schedule was distributed at the January 4, 2016 meeting of the committee. He noted that not all meeting dates are the first Monday of each month and anticipates that further modifications may be necessary to accommodate schedules or conflicts.

Tello inquired if Mr. McIntyre and Howe put the agenda for the Health Committee together. Howe explained that the Health Department works with the County Administrator's Office to prepare the agenda.

Buchanan stated that she felt the last presentation to the Health Committee about the Food Program was very good. Maintaining good communication between the Health Committee and the Board of Health is important. Perhaps the Board of Health and Health Committee should meet together.

Howe hopes that the Strategic Plan will help towards that goal and will give a better understanding of the Health Department and be useful for discussion. Tello inquired about a combined Board of Health and Health Committee meeting. Bowers wanted more information about the goal of the Health Committee. Howe explained that the Health Committee was created as a substitute for the Finance Committee who historically reviewed budget and FTE action items that required modification of the County Budget and FTE compliment. With the advent of the Health Committee a goal was established to better understand the program and budgets of the Health Department to create a broader understanding that would prove helpful at creating subsequent budgets.

Bowers explained that he doesn't understand the purpose and feels that it is a layer of bureaucracy. Howe believes that at the initial stage the Health Committee is quite labor intensive since they wanted to know more about the department. As we all know, the Health Department is a large and complex organization. Howe hopes, that as time goes by, it will become less time consuming.

Buchanan remarked that it is a unique situation with McLean County and the function of the Health Committee.

Owens noted that as chairman of the Finance Committee there was a burden at budget time being the oversight of the Health Department and approving the budget and not understanding what was being approved but with this committee there is a better understanding of the programs.

Wollrab stated that being on the County Board there was a missing link into the budget approval. She feels that there will be an understanding and better agreement of approval.

Owens agreed that the budget is presented twice and it would be a good idea to have a meeting with the Board of Health and Health Committee when presenting the budget.

Tello thanked Buchanan for her comments and stated that a meeting of both the Board of Health and the Health Committee, with a formal agenda, date, and time would be good for both boards. Buchanan and Tello both agreed the meeting should be arranged by the Board of Health. A consensus of the Board agreed to have a meeting of the Board of Health and Health Committee. This issue will be discussed and reported on in the future.

Howe included in the packet a copy of the request for an application from the National Council for Behavioral Health. A collaboration between CDC and the Prevention's Office for State, Tribal and Territorial Support (OSTLTS) the National Council on Behavioral Health is offering an opportunity for 32 state and local health officials to participate in a 6-month training and technical assistance program to support and improve understanding of behavioral health from a public health perspective. If selected, this opportunity is at no cost to program participants. All travel and lodging, including registration, is covered by the NCBH. Howe explained that this topic is providing conversation at state and local levels to improve capacity to be able to provide preventive services to behavioral health clients. This program may answer a lot of questions including incorporating the public health model into behavioral health. Howe noted that everyone is in agreement with the talk of integration in a primary care environment. Howe stated that both he and Beavers applied for the opportunity.

Tello inquired about team training. Howe explained that one individual will be selected at no cost and staff should find out Friday if the Health Department was selected. Tello appreciated the effort that went into applying for this opportunity.

Howe included in the packet a letter of appreciation from Home Sweet Home Ministries (HSHM) for the annual financial support the Health Department provides to the mobile Health Project. Howe stated that the Health Department provides \$7,000 to HSHM to help cover the annual maintenance costs of \$30,000 to support of the mobile health bus. It also includes recognition of the partnership on the vehicle shared partnership between HSHM, Community Health Care Clinic, State Farm Bank, and the McLean County Health Department. Howe stated that the mobile health bus allows for outreach, visibility, and provision of services.

Howe included in the packet, a copy of the Illinois Department of Public Health's 2<sup>nd</sup> Quarter Newsletter on Communicable Diseases in Illinois April through June, 2015. This newsletter is part of IDPH's new information series designed to keep public health professionals and stakeholders aware of information and the incidence about infectious diseases in Illinois. This newsletter was distributed in late September, 2015.

Wollrab noted that she was horrified by the diseases in Illinois and the issues. Howe explained that the Health Department, Communicable Disease Program is responsible for receiving the local statistics. Howe reported that it sometimes frustrating that the State sends out the information to the media before sending it to local health departments. It is hard responding to media questions when the Department has not had an opportunity to review the document in advance. But it is good to see more data being distributed.

Howe began the discussion of Operation Reserves by explaining the report is included as Attachment H, in the packet. The report contains information explaining the critical importance of maintaining a healthy reserve to assure uninterrupted public health services and safeguards continue to be available for McLean County residents. Howe further noted, planning for the unexpected is necessary in case of sudden loss of income such as the Department is experiencing now with the State behind in grant payments. Howe noted that the reserve fund is essential and provides the health department and its board the ability to respond to an ever changing public health environment without lurching from one financial crisis to the next.

Tello responded that the health department has built a healthy fund balance because the department is good at fiscal management.

Howe explained how much impact a public health emergency could cause. He used specific examples such as H1N1, Mumps, Food Borne Illness, Terrorism, and Natural Disasters. He shared that the Kane County TB Outbreak has cost that County \$10 million and they are still paying for it. The lack of State payments caused by the State Fiscal Impasse could have the State owing the Department \$956,000 by December 31, 2015.

Howe shared that the capacity of local health departments in the State is at the breaking point. Nearly half of the local health departments report decreased capacity caused by the budget impasse. More than one-third have laid-off staff and more than one in six have reduced the length of the work week and reduced hours of operation. Howe stated that McLean County has not had to take these drastic measures because the reserve fund provides a safety net. Howe further explained that \$754,195 in services that the health department has provided in the first five months since the start of the State fiscal year in July, have all been assured from the reserve fund and is equal to approximately 32% of the fund balance and could reach as high as \$956,000. Since the County operates on a quasi-accrual financial system, where revenue is handled accrual basis but expenses are paid on cash basis, it is difficult to see the financial impact on a simple review of the General Ledger. But accrued revenue must be assured with cash as a guarantee of solvency.

Howe noted the fact that the Health Department has used these reserves over the years to provide and sustain valuable public health services and to start new health enhancing initiatives in a fiscally responsible manner can be evidenced by the fact that after 70 years of operation, the overall public health tax levy is still at only 56% of the statutory maximum. From 2005 to 2016, the Health Department has contributed \$1,241,475 from its fund balance to reduce the reliance on property tax support and sustain programs.

Howe explained the management of health department reserves. According to State Statute 55 ILCS 5/5 – 25013 and 55 ILCS 5/5 – 25009, any tax levied, or funds collected shall be paid into the County and held in the County Health Fund and shall be used only for the purposes of public health.

Howe included in the report the best practices of several organizations. The list of organizations was Government Finance Officers Association (GFOA), Compass Point, Executive Service Corps, and Give.org. The GFOA stated that it is essential that governments maintain adequate levels of fund balance to mitigate current and future risks. The GFOA also recommends, at a minimum, regardless of size, no less than two months of regular operating revenues or regular operation expenditures. Compass Point, a research/consulting firm that works to increase the impact of non-profit community based organizations, recommends three month operating expense. Tello inquired if these consulting firms were National. Howe stated both National and Inter-National and three months of operational reserves would total \$2,098,665.

Howe shared that Executive Service Corps, a long standing non-profit consulting firm, states that organizations should have at least three months baseline up to six months, based on risks to revenue and risk in controlling expenses. Howe reported that Give.org, which is the nonprofit arm of the Better Business Bureau, suggests a limit on short term reserves. They suggest that unrestricted net assets be no more than three times the larger of last year's expenses or this year's

budget and at the high end, reserves should not exceed the amount of two years budget. Howe summed up that the Health Department is not out of line with the reserves for a government based community safety-net organization.

Reece appreciated the good discussion and explained that the County Board has little appetite for raising taxes. Howe reiterated that he wasn't making that suggestion. Reece inquired what we do to move ahead. Howe explained that he hopes the Strategic Plan helps provide a roadmap for future direction. But, as of right now, continued uninterrupted operations.

Wollrab inquired when the Board would receive an update on the Strategic Plan. Howe hopes to present the plan at the March meeting.

Reece inquired about the budget and the plan. Howe stated that an approved budget allows the Department to move forward.

Buchanan appreciated the operation reserve discussion and explained it was descriptive of our position. The Department needs to maintain the existing programs and continue doing what we do. She also explained that it is also good to be prepared and have a plan as to what gets scaled back.

Tello agreed that it is important to be forward thinking and address each issue such as emergency plan, and plan B. Buchanan liked the well laid out plan. Tello stated concerns the Department might be unable to fill in gaps.

Wollrab liked the option that if the reserve is depleted that funds could come out of County Board reserves. Buchanan stated that that would need to be documented.

Howe indicated creating an emergency plan would be difficult since the only programs subsidized by the County tax levy are critical public health programs required of a Certified Health Department; communicable disease, food safety, safe drinking water, safe sewage disposal, and the special levy for 553 and 377. Reece stated that there needs to be a game plan. Although not popular, would we want to make an austerity plan?

Bowers inquired where the County Board stands on reserves. Do they have the funds to assist in case of an emergency? Owens explained that the County Board is in the midst of the large jail project and currently has reserves on hand.

Howe again explained that the Health Department has reduced the reliance on property tax by 32% in the last 70 years. Owens noted that we have done our due diligence. Buchanan stated that we need to have consensus. Ginzburg responded that it is not necessarily a budgetary reserve because it fluctuates up and down based upon need and use.

Reece shared that the County Board needs to realize that this is how it would look if the State funding doesn't come through.

Powell inquired if we needed to vote on this. Owens stated that we are showing that we are doing our due-diligence and exploring this topic. Reece added and if the reserves is depleted is the County Board ready to step in. Do we have assurance from them?

Powell stated in the interest of time we needed to move to the next agenda item.

Howe shared an article from the December, 2015 USA Today on Public Health Funds suffering, feds warn. This article clearly shows that public health as a system is drastically underfunded. In light of this neglect in adequately funding public health, it is critically necessary to have a healthy reserve of emergency funds to respond to public health emergencies. This will be necessary.

Howe announced that the 2015 Employee of the Year was Cathy Coverston Anderson and shared a copy of the December 21, 2015 news release. Howe stated that besides handling her busy position Cathy Coverston Anderson did a phenomenal job during the last year covering vacant supervisor positions, training new staff, besides serving as the Assistant Administrator/Director of Nursing. The Board congratulated Coverston Anderson on a job well done.

DIRECTOR'S REPORT: Nothing additional.

STAFF REPORTS: Anderson T reported that the Environmental Health quarterly report was on packet pages 09 through 12. He pointed out that 98 food permits were inactivated for the year of 2015 however, there were 101 new food permits issued during the year.

Anderson T noted that McLean County was in the top 5, of 95 counties, in the state during 2014 for wastewater removal activity.

Anderson T explained that the State labs have discontinued testing for nitrates for the non-community water program and private water samples. He shared a copy of letters from October, 2015 sent to non-community water supply operators explaining the information. This letter informed the businesses that effective December 31, 2015, the IDPH laboratory will no longer provide nitrate water sample analysis for drinking water. Therefore, the Department will not be able to collect and submit water samples free of charge as it has for the past two decades. This discontinuation of service will require the organizations to collect and submit water samples to a certified private laboratory of their choice. Anderson T noted that currently the Department is trying to find a certified lab within the County that offers competitive rates for water analysis. The non-community water program is a USEPA program delegated to IDPH. The USEPA still requires that non-community water be tested for nitrates.

Bowers asked why using a private lab was a bad idea. Anderson T explained using the private labs is not a bad idea but the private labs can be expensive. The only labs that he was aware of were PDC Lab in Peoria and PAS in Springfield. The Department hopes to resume the service after locating a lab with competitive rates. However, Anderson T explained that if we resume the service, the Department will need to assign a fee for providing the service.

Anderson T stated that he has been in contact with BNWRD, Town of Normal, and City of Bloomington to explore their interest in providing testing services.

Reece inquired if the Department is still waiting to hear back. Anderson T stated that we are.

Anderson T gave a presentation on the Health Department Website and the recent updated public access food inspection reports site which has more detail to restaurant inspection information. The Board thanked him for sharing the information.

Beavers reported for the Behavioral Health Division noting that the report was on packet pages 13 and 14. She shared that over 500 individuals have attended Mental Health First Aid training and a recent grant, from Illinois Prairie Community Foundation, was received in the amount of \$10,000 to continue training efforts. She distributed a copy of upcoming training dates and noted that the training is for anyone. She also shared program statistics and demographics of those attending the Mental Health First Aid training.

Beavers stated that she has been working with the County Coroner, Dr. Kathy Davis and Karen Zangerle from PATH about the increasing number of suicides in the County. Her report contained some statistical information.

Beavers mentioned that the Health Department is collaborating with the Regional Office of Education to enhance school communication. Michelle Maurer completed a Child and Adolescent Behavioral/Needs Assessment as part of our IPLAN efforts. Beavers shared a placemat document that illustrated the needs.

Beavers distributed a copy of the flyer announcing a training being held at the Health Department on February 2, 2016. The program, "Connect the dots" is being presented by Tom Troe, about utilizing employment advocacy and education as a pathway to recovery. Attendees will learn more about the State Division of Mental Health; Recovery, Health and Wellness; and the use of WRAP Plans. Powell inquired about who is invited. Beavers replied that it is appropriate for recovery specialists, partnering providers, the Board, and others.

Reece requested more information about the placemat, as to where the information received on school communication is distributed. Beavers stated that ROE has been a primary partner. The information is being shared at provider meetings, superintendent meetings, and various behavioral health meetings. Reece suggested that something like this might be useful on placemats such as McDonald's.

Beavers noted that 80% of the contracts have been received for FY16 funding. The deadline was December 15, 2015. She expects the Chestnut school based contract within the next week.

Dreyer explained that there wasn't an Administration report because final numbers have not been received. She will share the information at the March meeting.

Coverston Anderson reviewed the Community Health Services division report which was on packet pages 16 through 19. She explained the changes with the Vaccines for Children (VFC) program. Deputization by a Rural Health Clinic (RHC) was formally done by the Chenoa (RHC) but they discontinued RHC status. The other option was a Federally Qualified Health Center (FQHC). Chestnut FQHC deputized the Department and we are able to give VFC vaccines again.

Coverston Anderson gave an update on Vaccines for Adults (VFA). This IDPH program began in June 2015 and was suspended only six months later. Vaccines remaining at local health departments can be used on adults for outbreak response and for those who are uninsured or under-insured for vaccinations. Coverston Anderson explained that the Health Department began giving VFA vaccine in July and it was used during the mumps outbreak September through December of 2015. Tello inquired as to who will provide those VFA vaccines. Coverston explained that the Department communicable disease RN's can give adult vaccines to VFA-eligible as well as to those who have private insurance to cover the costs.

Coverston Anderson reported that 94 flu clinics were scheduled during the second year of the Community Outreach program and ezEMRx noted that 3,903 received the vaccine at onsite and offsite clinics.

Coverston Anderson explained personnel changes for the 4<sup>th</sup> quarter of 2015 and was happy to welcome David Hopper who replaced Shay Simmons who retired in October as the Emergency Preparedness Coordinator. Unfortunately, one of the communicable disease investigators left at the end of November and staff is working to fill that position.

Coverston Anderson reported on the mumps outbreak. The outbreak was officially over on December 13, 2015 after two incubation periods had passed with no new cases diagnosed. McLean County had 38 confirmed cases and 33 "probables"; however 183 individuals needed tests and follow up. Coverston Anderson reported that there were 71 confirmed cases in Champaign-Urbana just in the past few months, considered cases as well. Any subsequent cases in



McLean County will be considered a new outbreak.

Coverston Anderson explained the MRC unit activity summary report on page 19 in the packet which highlighted the value of the Medical Reserve Corps. She mentioned that the economic value of contribution by the 19 participants amounted to \$779.91. Coverston Anderson noted that several MRC volunteers helped immensely during the mumps outbreak, to make follow-up calls to cases and contacts.

Coverston Anderson reported that the IPLAN needs assessment collaboration efforts have continued and are in the data collection phase. The group is working with slightly different timelines. Reece inquired if United Way is involved in the collaboration. Coverston Anderson explained that the United Way is represented on the Collaborative Steering Committee. Other members are from MCHD, OSF, and Advocate BroMenn.

Buchanan inquired about an anticipated release of information. Coverston Anderson noted that the group is looking at May or July. She noted that the Health Department assessment isn't due until July of 2017 so we will be ahead of schedule.

Howe thanked Coverston Anderson and staff for getting the collaboration group together and proceeding.

Coverston Anderson reported that Dr. Justin Holschbach became the Medical Advisor on January 1, 2016. Dr. Holschbach is in family practice and replaced Dr. Kenneth Inoue whose last day was December 31, 2015.

Anderson K shared that the Maternal Child Health report was on packet pages 20 through 23. She stated that December 1<sup>st</sup> marked the return of lunch hour clinic availability for WIC and FCM services and clients are responding positively. The programs are seeing an increase in clients. Both WIC and FCM are coordinating with SPICE to offer infant massage classes to clients. Two sessions, five classes each, will be offered starting in January. The first session already has six or seven clients enrolled. The instructors prefer that the infants not be mobile yet.

Anderson K reported that the division is experiencing a baby boom in the Better Birth Outcomes program with an increase in clients and prenatal appointments. At the end of December the program had 156 clients on the BBO program. Tello inquired if there is a waiting list. Anderson K responded that the program will not institute a waiting list, instead, will continue to enroll all clients who need services. As other clients deliver, the numbers will balance out and we still have room in the grant due to being below caseload earlier in the year.

Wollrab thanked Anderson K and her staff for making sure that the Spanish posters were made available.

Reece thanked Anderson K for sharing the anecdote included in the MCH report.

**BOARD ISSUES:** The Board inquired about the next joint work meeting of the Board of Health and the 377 Board. The next meeting is February 2, 2016.

Wollrab inquired about the process of replacement for Board president and who will be involved. Howe explained that a Nominating Committee is being formed. Wollrab asked how that process works. Howe stated that a group of senior Board members is recruited to the Nominating Committee and they will report to the Board.

Owens inquired about the Mental Health Advisory Board meeting on February 16, 2016. He asked about the number of slots filled. Beavers reported that 10 slots have been filled and that the MHAB plans to move forward. The MHAB is hoping for a member with psychiatric background to be selected.

ADJOURN: Buchanan moved and the Board of Health meeting was adjourned at 7:44 p.m.

**Maternal Child Health Services Division  
March 10, 2016 Board of Health Meeting  
Highlights for January – February 2016**

**MCH Clinic Services:**

- Happy National Nutrition Month and Social Worker's Month!
- The division received praise from Children's Hospital of Illinois's NICU staff noting how well we educate our pregnant clients on breastfeeding. The staff member stated that the moms who delivered there always want to start skin to skin right away, want to be woken to pump on schedule, ask for kangaroo care and always seem to be confident in their breastfeeding knowledge and decisions. She also noted that she really doesn't see that level of knowledge from women coming from other area WIC agencies.
- Five MCH participants completed the infant massage series with the second series starting on 2/26/16. Five clients signed up to attend the second series. Comments from participants were very positive.
- The new recommendation from the United States Preventative Services Task Force is to screen pregnant and postpartum women for depression; research specific to the WIC population shows how maternal depression can be a barrier to program participation and that many pregnant and postpartum women that WIC serves are often dealing with enormous stress in their day-to-day lives and suffering from emotional health issues. MCHD WIC and FCM programs have been screening pregnant and postpartum clients using the Edinburgh Postnatal Depression Scale since 2004.

**Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**



- Staff continues to meet client demand, staying past 4:30 on several evenings each month to ensure that clients who walk in late in the day are provided WIC benefits. Recently, a new mom presented to clinic at 4:12 pm on a Friday afternoon for WIC services. The participant was from Colfax and developmentally delayed. Staff stayed late that evening to enroll the new baby and work with the mom to ensure she understood how to properly mix formula and use the WIC coupons.
- As of the first of the year, the nutrition staff moved into the exam rooms. This move will allow greater versatility during low staffing or high client volume times as nutrition staff are additionally able to conduct program intake in the exam rooms. The move has also made the rooms look more inviting. The picture at the right shows one of the offices.
- Saturday clinic hours changed in January; staff now works a half day on Saturday to meet reduced demand for Saturday appointments and increased demand for Friday appointments. We will continue to monitor service time demands and adjust accordingly.

### **All Our Kids (AOK) Network:**

- The AOK Network was awarded one of seven ABLe Change Framework pilot grants; Above and Below the Line is a systems change designed to improve the success of community change efforts and more efficiently address significant social issues. Above the line emphasizes the content, below the line targets the implementation processes needed to ensure that the change actually achieves what it was designed to accomplish. This grant allowed us to send five Network members from the community as well as Maureen Sollars, AOK Network Coordinator, to a two-day introductory training the last week of February. ABLe Change is a change process that focuses on systems-level change such as service coordination instead of merely implementing new or expanded programs which limit the achievement to individual level outcomes. The February training focused on defining the area to work on and determining how and where to look for more information to better understand the problem. The team will return for two additional days of training in June and will use the time in between to seek out additional information about the identified problem.

### **HealthWorks Lead Agency (HWLA):**

- Marie McCurdy, HWLA Coordinator, coordinated with Project Linus, a local club whose members make blankets for all types of children at risk, to supply blankets for children in FCM. The group has supplied the department with three shipments of blankets since mid-December.

### **Family Case Management (FCM) & Better Birth Outcomes Program (BBO):**

- The BBO and FCM caseloads continue to demonstrate program need in the community. The average monthly caseload for FY16 for BBO is 140, just behind the assigned caseload of 150. The average monthly caseload for FY16 for FCM is 1214, exceeding the assigned caseload of 690.
- FCM is now screening new APORS referrals with a diagnosis of microcephaly for the woman's travel history during pregnancy, per the state APORS program's guidance, in response to the recent Zika outbreaks. In addition, all pregnant women seeking services at MCHD will be screened for travel to affected areas starting 3/1/16.
- All pregnant women will now be evaluated for risk of lead exposure starting in March. Pregnant women will complete a lead screening questionnaire to assess their risk and those determined to be at risk will be referred to their physician for testing. At this time, the IDPH Lead Program is not conducting testing on pregnant women.
- FCM is collaborating with Chestnut Family Health Center to refer pregnant women to their prenatal clinic as part of the physician rotation.

**A day in the life...WIC/FCM Programs:** The FCM Supervisor received a call from a participant wishing to express her gratitude for one of the case managers (CM). The participant's medical card was cancelled in error, which in turn, caused her to need to reschedule prenatal appointments with her OB or pay out of pocket, something she could not afford to do. The participant was unsuccessful in reaching assistance at the local DHS office over the phone. The CM suggested the participant go to the office and speak with the case worker in person. The participant was a victim of domestic violence in the past and as such, had an incredibly difficult time asserting herself and advocating for herself in situations she perceived as confrontational. The CM offered to accompany the participant to the DHS office during her lunch hour to support the participant and help advocate on her behalf. The issue was resolved fairly easily and the participant was able to return to her OB for necessary prenatal care, offering the woman the best chance of a positive birth outcome.

**MATERNAL CHILD HEALTH SERVICES DIVISION  
PRELIMINARY QUARTERLY REPORT  
1st Quarter, 2016**

PROGRAM SERVICES	Jan	Feb	March	1st Qtr 2016	1st Qtr 2015	YTD 2016	YTD 2015
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**AOK Program**

AOK Network-sponsored events	4	6		10	29	10	29
AOK attendance - Professional	42	32		74	225	74	225
AOK attendance - Public	0	86		86	315	86	315

**WIC / BPC Program**

WIC caseload	2139	2011		2075	2207	2207	2207
WIC clinic certifications and mid-year follow ups	415	388		803	1412	803	1412
Clinic visits-Women	123	114		237	417	237	417
Clinic visits-Infants	113	116		229	431	229	431
Clinic visits-Children	179	158		337	564	337	564
WIC nutrition education contacts	478	344		822	1379	822	1379
Breastfeeding Initiation (percent)	70	70		70	73	70	73
BPC contacts	33	26		59	233	233	233

**MCH Clinic Services**

Lead screenings	95	88		183	314	183	314
Lead results above normal limits (5-9 mcg/dl)	1	1		2	5	2	5
Lead results above normal limits (10 mcg/dl or above)	0	0		0	1	0	1
Hemoglobin tests	238	198		436	795	436	795
Hgb results below normal limits	20	13		33	82	33	82
Pregnancy tests	23	25		48	35	48	35
Developmental screens	223	211		434	763	434	763
Early intervention referral to Child & Family Connections	1	6		7	27	7	27
Early intervention referral to school	1	3		4	0	4	0
All Kids applications	9	15		24	27	24	27
Medicaid Presumptive Eligibility (MPE) applications	7	7		14	28	14	28

**FCM / BBO / APORS / Genetics Program**

FCM caseload	1087	1076		1082	1263	1082	1263
Better Birth Outcomes caseload	163	167		165	134	165	134
FCM contacts	2544	2654		5198	6316	5198	6316
APORS	10	12		22	26	22	26
Depression screens	147	134		281	508	281	508
Referrals to Center for Human Services	4	2		6	15	6	15
Genetic screens	10	21		31	10	31	10
Prenatal physician assignments	25	27		52	88	52	88
Pediatrician assignments	63	47		110	196	110	196

**DCFS Medical Case Management Program (0-6yrs.) \*\***

** Number of children in care	81	86		96	96		
Number of children closed to care	0	5		5	7	5	7
Number of children entering care	2	6		8	7	8	7

**DCFS HealthWorks Lead Agency Program**

DCFS Lead Agency wards in custody	Jan	Feb	Mar	1st Qtr 2016	1st Qtr 2015		
** DeWitt County	15	15			18		
** Livingston County	19	16			21		
** McLean County	228	233			257		
** Platt County	16	12			11		

## WIC, FCM, and Better Birth Outcome program Quarterly and YTD totals will be an average of the respective quarter or YTD.

\*\* For HealthWorks and Medical Case Management, Quarter & YTD totals will be the same numbers.

**DEFINITIONS FOR QUARTERLY REPORT FIGURES  
MATERNAL CHILD HEALTH SERVICES DIVISION**

**All Our Kids Program**

**AOK Network-sponsored events:** # of events AOK planned, promoted or participated in.

**AOK Attendance – Professional:** # of staff from community agencies in attendance at events.

**AOK Attendance – Public:** # of lay persons in attendance at events.

**WIC Program**

**WIC caseload:** Achieved caseload as reported through Cornerstone; assigned for FY16=2806.

**WIC clinic certifications and mid-year follow ups:** Total # of WIC clinic visits.

**Women:** # of clinic visits for pregnant, breastfeeding & post-partum women.

**Infants:** # of clinic visits for infants aged 0 to 12 month birthday.

**Children:** # of clinic visits for children aged 1 year to 5<sup>th</sup> birthday.

**WIC nutrition education contacts:** Total # of clients attending group nutrition education sessions or completing self-study nutrition modules in clinic or on approved web site.

**Breastfeeding initiation:** % infants initially breastfed (counted at 1 mo of age).

**BPC contacts:** # contacts (phone, clinic, home visit) made by peer counselors to pregnant and breastfeeding women.

**MCH Clinic Services**

**Lead screenings:** # of blood lead screenings completed on children 6 months to 6 years of age.

**Lead results (5-9 mcg/dl):** result in phone or letter contact by public health nurse to parent encouraging that child have a follow up visit by their pediatrician.

**Lead results (10 mcg/dl or above):** result in home visit by public health nurse to educate parent about lead sources and encourage that child have a follow up visit by their pediatrician.

**Hemoglobin tests:** # of hgb tests completed on children 9 months to 5 years of age and pregnant, breastfeeding and postpartum women.

**Hgb results below normal limits:** clients are educated on sources of iron in the diet, client's physician is notified and client is retested at next clinic visit.

**Pregnancy tests:** # of pregnancy tests completed on clients who apply for MPE in prenatal clinic who are without a medically confirmed proof of pregnancy.

**Developmental screens:** # of Denver II or Ages & Stages screenings completed in clinic or on home visits.

**Early Intervention referral to CFC:** # of referrals on children who are birth to 35 months based on developmental screen results outside normal limits for child's age.

**Early Intervention referral to school district:** # of referrals to child's school district on children who are 3 to 5 years of age based on developmental screen results outside normal limits for child's age.

**All Kids applications:** # of applications submitted on line to assist client in obtaining medical insurance coverage.

**MPE applications:** # of applications submitted for prenatal clients who do not currently have medical coverage.

**FCM / BBO / APORS / Genetics Programs**

**FCM caseload and BBO caseload:** monthly caseload achievement based on program enrollment reports; FY16 assigned FCM=690; BBO=150.

**FCM Contacts:** Total # of Family Case Management contacts including home visits, face-to-face and phone contacts by nurses & case managers to provide assessment, education, counseling, referral and follow-up. Also included are contacts to families not eligible for FCM but referred for APORS, lead poisoning, or other high-risk situations.

**APORS:** # of cases referred through Adverse Pregnancy Outcome Report System.

**Depression Screens:** # of Edinburgh Postnatal Depression Scale screens completed on pregnant and pp women.

**Referrals to CHS:** based on a self-reported high score on EPDS.

**Genetic Screens:** # of clients assessed for referral to IDPH Genetics Services.

**Prenatal physician assignments:** # physician referrals made for prenatal clients who have medical card coverage and do not have an OB.

**Pediatrician assignments:** # physician referrals made for prenatal clients for their infants who will be covered by a medical card.

**DCFS Medical Case Management Program (0-6 years)**

**DCFS Medical Case Management:** # of children in the care of DCFS ages birth to 6 years.

**Number closed to care and entering care:** # closed or entering into care for the given month.

**DCFS HealthWorks Lead Agency Program**

**DCFS Lead Agency Wards in Custody:** # of children in custody at close of quarter in each county listed.

# ENVIRONMENTAL HEALTH DIVISION

## Bi-monthly Report

January 1, 2016 – February 28, 2016

### FOOD INSPECTION PROGRAM

2016      2015

#### **Full-Time Food Establishments**

Active Food Permits - With Fees .....	688	670
Active Food Permits - No Fees .....	139	138
Total Active Food Permits .....	827	808
 New Food Permits Issued for Report Interval .....	15	17
New Food Permits Issued for Year-To-Date .....	15	17
 Food Permits Inactivated for Report Interval.....	15	28
Food Permits Inactivated for Year-To-Date .....	15	28

#### **Temporary Food Establishments**

Single Event Temp. Food Permits Issued for Report Interval .....	34	27
Single Event Temp. Food Permits Issued for Year-To-Date .....	34	27
 Multiple Event Temporary Permits Issued for Report Interval .....	6	6
Multiple Event Temporary Permits Issued for Year-To-Date .....	6	6
 Total Temporary Food Permits Issued for Report Interval.....	40	33
Total Temporary Food Permits Issued for Year-To-Date.....	40	33

### FOOD ESTABLISHMENT COMPLAINTS

2016      2015

Food Est. Complaints Received for Report Interval .....	13	14
Food Est. Complaints Received for Year-To-Date .....	13	14

### FOOD PRODUCT INQUIRIES

2016      2015

Food Product Inquiries Received for Report Interval .....	0	0
Food Product Inquiries Received for Year-To-Date .....	0	0

## FOOD ESTABLISHMENT PLAN REVIEWS

	<u>2016</u>	<u>2015</u>
Plans Received For New/Remodeled Food Est. for Report Interval .....	14	8
Plans Received For New/Remodeled Food Est. for Year-To-Date .....	14	8

## PRIVATE SEWAGE DISPOSAL PROGRAM

	<u>2016</u>	<u>2015</u>
Permits Issued for New Construction for Report Interval .....	1	1
Permits Issued for New Construction for Year-To-Date .....	1	1
Permits Issued for Repairs or Additions to Existing Systems for Report Interval.....	0	0
Permits Issued for Repairs or Additions to Existing Systems for Year-To-Date .....	0	0
Permits Issued for the Replacement of a Previous Legal System for Report Interval .....	1	0
Permits Issued for the Replacement of a Previous Legal System for Year-To-Date.....	1	0
Permits Issued for the Replacement of a Previous Illegal System for Report Interval.....	2	1
Permits Issued for the Replacement of a Previous Illegal System for Year-To-Date.....	2	1
Permits Issued for Systems Probed by Sanitarians for Report Interval .....	0	0
Permits Issued for Systems Probed by Sanitarians for Year-To-Date .....	0	0
Permits Issued for "Information Only" Systems for Report Interval.....	2	0
Permits Issued for "Information Only" Systems for Year-To-Date.....	2	0
Permits Voided for Report Interval .....	0	0
Permits Voided for Year .....	0	0
Total Private Sewage Disposal System Permits Issued for Report Interval .....	6	2
Total Private Sewage Disposal System Permits Issued for Year-To-Date .....	6	2
Septic System Evaluations Received and Reviewed for Report Interval .....	18	21
Septic System Evaluations Received and Reviewed for Year-To-Date .....	18	21

	<u>2016</u>	<u>2015</u>
Licensed Private Sewage System Installers for Report Interval .....	20	21
Licensed Private Sewage System Installers for Year-To-Date .....	20	21

	<u>2016</u>	<u>2015</u>
Licensed Private Sewage System Pumpers for Report Interval.....	12	12
Licensed Private Sewage System Pumpers for Year-To-Date.....	12	12



### PRIVATE SEWAGE SYSTEM COMPLAINTS

	<u>2016</u>	<u>2015</u>
Private Sewage System Complaints for Report Interval.....	1	2
Private Sewage System Complaints for Year-To-Date.....	1	2

### OTHER SEWAGE RELATED COMPLAINTS

	<u>2016</u>	<u>2015</u>
Other Sewage Complaints Received for Report Interval.....	0	0
Other Sewage Complaints Received for Year-To-Date.....	0	0

### POTABLE WATER PROGRAM

	<u>2016</u>	<u>2015</u>
Private Water Reports Sent Out for Report Interval .....	24	31
Private Water Reports Sent Out For Year-To-Date .....	24	31

	<u>2016</u>	<u>2015</u>
New Non-Community Water Supplies for Report Interval .....	0	0
Non-Community Water Supplies Year-To-Date .....	31	30

### WATER WELL PROGRAM

	<u>2016</u>	<u>2015</u>
Water Well Permits Issued for Report Interval.....	2	1
Water Well Permits Issued for Year-To-Date.....	2	1
Abandoned Water Wells Properly Sealed for Report Interval.....	1	3
Abandoned Water Wells Properly Sealed Year-To-Date .....	1	3

### GEOTHERMAL EXCHANGE SYSTEM PROGRAM

	<u>2016</u>	<u>2015</u>
Geothermal Exchange System Registrations for Report Interval .....	4	2
Geothermal Exchange System Registrations Year-To Date .....	4	2

**TANNING FACILITY INSPECTION PROGRAM**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Number of IDPH Licensed Tanning Facilities in McLean County .....	15	16

**SOLID WASTE, NUISANCES, PEST CONTROL AND OTHER ENVIRONMENTAL COMPLAINTS**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Complaints Received for Report Interval .....	4	0
Complaints Received for Year-To-Date .....	4	0

## 2015 Fiscal Status Report

January 1, 2015 thru December 31, 2015

### **0112 Health Fund**

2015 was a very busy year for the Health Department with the expansion of the community flu clinics, increased activity in the immunization clinic and the implementation of new Food Program software in Environmental Health and an electronic medical record system in the clinics. Through all of this the revenue and expenses stayed consistent with each other and resulted in 94% of the budgeted revenue being collected and 93% of the budgeted expense being used.

On the revenue side we saw a substantial increase in Medicaid revenue which was \$55,480 over the budgeted revenue. The clinic experienced an increase in Medicaid clients due to the expansion of eligibility and to providers in the community referring their Medicaid clients to the Health Department for immunizations. The community flu clinics had a large increase in 2015 with additional schools and businesses bringing us in to provide flu shots. While the revenue for the community programs did not meet the budget it did see a significant increase in revenue of over \$86,000. The expansion of the program along with the ability to bill private insurance and the use of the Electronic Medical Record and Revenue Cycle Management have all attributed to the increase in immunization revenue.

The expense side of the budget saw increases from 2014 but the increases were proportionate to the increases in revenue. The implementation and purchase of equipment for the Environmental Health Food Program software and the Electronic Medical Record system were the major expenses for 2015 along with increased vaccine purchases for both the clinic and the community flu program. There was also a slight increase in advertising expenses to promote the services that are provided by the Health Department.

In summary, all areas stayed within their budgets and the revenue generated supported the expenses incurred.

**FUND 102: DENTAL FUND  
AS OF 12/31/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	12/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
<b>REVENUE</b>							
Inter-Government	\$505,278.00	\$387,776.85	76.75%	\$491,584.00	\$384,426.86	\$198,464.51	78.20%
Charges for Service	\$26,500.00	\$5,398.04	20.37%	\$26,600.00	\$17,008.98	\$12,765.20	63.94%
Transfer		\$4,000.00		\$0.00	\$0.00	\$0.00	
Misc.	\$0.00	\$0.00		\$0.00	\$300.00	(\$300.00)	
Contributions	\$45,000.00	\$25,464.92	56.59%	\$45,000.00	\$26,104.46	\$13,658.64	58.01%
Total Revenue	\$576,778.00	\$422,639.81	73.28%	\$563,184.00	\$427,840.30	\$224,588.35	75.97%
<b>EXPENSE</b>							
Salaries	\$148,839.00	\$136,420.82	91.66%	\$144,547.00	\$128,381.18	\$66,337.73	88.82%
Fringe	\$43,289.00	\$39,184.47	90.52%	\$42,450.00	\$35,398.17	\$17,394.21	83.39%
Materials & Supp	\$42,325.00	\$40,452.81	95.58%	\$43,912.00	\$39,512.41	\$20,391.61	89.98%
Contractual	\$342,325.00	\$236,569.83	69.11%	\$332,275.00	\$260,221.59	\$120,028.50	78.32%
Capital	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	#DIV/0!
Total Expense	\$576,778.00	\$452,627.93	78.48%	\$563,184.00	\$463,513.35	\$224,152.05	

**FUND 103: WIC PROGRAM/CHILDHOOD LEAD  
AS OF 12/31/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	12/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
<b>REVENUE</b>							
Inter-Government	\$486,502.00	\$510,224.34	104.88%	\$481,287.00	\$475,651.76	\$34,572.58	98.83%
Charge for Service		\$0.00			\$0.00		
Transfer							
Miscellaneous		\$1,175.00			\$1,000.00		
Total Revenue	\$486,502.00	\$511,399.34	105.12%	\$481,287.00	\$476,651.76	\$34,572.58	99.04%
<b>EXPENSE</b>							
Salaries	\$319,145.00	\$302,500.75	94.78%	\$313,290.00	\$306,924.69	(\$4,423.94)	97.97%
Fringe	\$104,678.00	\$98,460.34	94.06%	\$111,530.00	\$100,855.59	(\$2,395.25)	90.43%
Materials & Supp	\$25,550.00	\$28,097.38	109.97%	\$15,082.00	\$17,156.90	\$10,940.48	113.76%
Contractual	\$35,864.00	\$39,616.52	110.46%	\$33,760.00	\$43,640.10	(\$4,023.58)	129.27%
Capital	\$1,660.00	\$0.00	0.00%	\$7,625.00	\$5,994.00	(\$5,994.00)	
Total Expense	\$486,897.00	\$468,674.99	96.26%	\$481,287.00	\$474,571.28	(\$5,896.29)	

**FUND 105:  
V & H/TOBACCO/KOMEN/ASTHMA  
AS OF 12/31/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	12/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
<b>REVENUE</b>							
Lic./Permits/Fees	\$9,342.00	\$6,467.47	69.23%	\$12,000.00	\$4,005.00	\$2,462.47	33.38%
Inter-Government	\$109,830.00	\$119,697.86	108.98%	\$336,940.00	\$283,328.22	(\$163,630.36)	84.09%
Charges for Service	\$0.00	\$2,472.00	#DIV/0!	\$7,800.00	\$9,838.34	(\$7,366.34)	126.13%
Misc.	\$7,286.00	\$7,625.00		\$0.00	\$13,785.40	(\$6,160.40)	
Total Revenue	\$126,458.00	\$136,262.33	107.75%	\$356,740.00	\$310,956.96	(\$174,694.63)	87.17%
<b>EXPENSE</b>							
Salaries	\$75,214.00	\$78,056.03	103.78%	\$122,222.00	\$111,948.35	(\$33,892.32)	91.59%
Fringe	\$26,430.00	\$27,151.90	102.73%	\$39,616.00	\$35,936.78	(\$8,784.88)	90.71%
Materials & Supp	\$9,088.00	\$6,818.30	75.03%	\$34,491.00	\$51,348.63	(\$44,530.33)	148.88%
Contractual	\$15,726.00	\$24,252.15	154.22%	\$160,411.00	\$119,950.05	(\$95,697.90)	74.78%
Capital	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!
Total Expense	\$126,458.00	\$136,278.38	107.77%	\$356,740.00	\$319,183.81	(\$182,905.43)	

**FUND 106: FCM/IN PERSON ASSISTER  
AS OF 12/31/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	12/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
<b>REVENUE</b>							
Inter-Government	\$1,050,387.00	\$1,162,178.28	110.64%	\$1,057,696.00	\$1,041,002.74	\$121,175.54	98.42%
Charges for Service	\$0.00	\$6,628.83	#DIV/0!	\$0.00	\$596.00	\$6,032.83	#DIV/0!
Transfers	\$132,642.00	\$114,783.72	86.54%	\$145,883.00	\$125,236.25	(\$10,452.53)	85.85%
Misc.	\$0.00	\$0.00	#DIV/0!		\$2,733.00		
Total Revenue	\$1,183,029.00	\$1,283,590.83	108.50%	\$1,203,579.00	\$1,169,567.99	\$116,755.84	97.17%
<b>EXPENSE</b>							
Salaries	\$742,739.00	\$668,377.36	89.99%	\$772,094.00	\$707,713.08	(\$39,335.72)	91.66%
Fringe	\$260,484.00	\$231,143.50	88.74%	\$268,812.00	\$236,301.88	(\$5,158.38)	87.91%
Materials & Supp	\$39,926.00	\$26,930.87	67.45%	\$34,537.00	\$25,756.10	\$1,174.77	74.58%
Contractual	\$138,630.00	\$98,550.25	71.09%	\$121,886.00	\$90,677.13	\$7,873.12	74.40%
Capital	\$1,250.00	\$0.00	0.00%	\$6,250.00	\$0.00	\$0.00	0.00%
Total Expense	\$1,183,029.00	\$1,025,001.98	86.64%	\$1,203,579.00	\$1,060,448.19	(\$35,446.21)	

**FUND 107:  
AIDS/EMERGENCY PREPAREDNESS/WEST NILE VIRUS  
AS OF 12/31/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	12/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
<b>REVENUE</b>							
Inter-Government	\$274,558.00	\$278,691.37	101.51%	\$224,089.00	\$255,685.10	\$23,006.27	114.10%
Miscellaneous	\$1,457.00	\$2,463.21	169.06%	\$0.00	\$5,561.08	(\$3,097.87)	#DIV/0!
Total Revenue	\$276,015.00	\$281,154.58	101.86%	\$224,089.00	\$261,246.18	\$19,908.40	116.58%
<b>EXPENSE</b>							
Salaries	\$127,184.00	\$164,159.36	129.07%	\$121,298.00	\$121,772.15	\$42,387.21	100.39%
Fringe	\$35,629.00	\$48,848.71	137.10%	\$34,757.00	\$31,956.94	\$16,891.77	91.94%
Materials & Supp	\$13,459.00	\$10,781.62	80.11%	\$14,650.00	\$10,160.27	\$621.35	69.35%
Contractual	\$99,743.00	\$69,837.58	70.02%	\$53,384.00	\$61,155.54	\$8,682.04	114.56%
Capital	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
Total Expense	\$276,015.00	\$293,627.27	106.38%	\$224,089.00	\$225,044.90	\$68,582.37	

**FUND 112: HEALTH FUND  
AS OF 12/31/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	12/31/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
<b>REVENUE</b>							
Taxes	\$3,471,226.00	\$3,468,715.93	99.93%	\$2,954,502.00	\$2,963,214.18	\$505,501.75	100.29%
Lic./Permits/Fees	\$438,600.00	\$429,395.60	97.90%	\$769,787.00	\$407,982.00	\$21,413.60	53.00%
Inter-Government	\$538,516.00	\$555,430.14	103.14%	\$470,053.00	\$402,945.14	\$152,485.00	85.72%
Charges for Service	\$388,345.00	\$199,790.77	51.45%	\$278,500.00	\$107,169.93	\$92,620.84	38.48%
Transfer	\$0.00	\$178,963.35	#DIV/0!	\$32,405.00	\$4,500.00	\$174,463.35	
Misc.	\$101,829.00	\$3,901.49	3.83%	\$109,700.00	\$867.37	\$3,034.12	0.79%
Total Revenue	\$4,938,516.00	\$4,836,197.28	97.93%	\$4,614,947.00	\$3,886,678.62	\$949,518.66	84.22%
<b>EXPENSE</b>							
Salaries	\$2,420,933.00	\$2,203,890.12	91.03%	\$2,374,465.00	\$1,960,555.30	\$243,334.82	82.57%
Fringe	\$293,205.00	\$310,740.96	105.98%	\$286,566.00	\$248,149.99	\$62,590.97	86.59%
Materials & Supp	\$312,737.00	\$214,656.29	68.64%	\$237,560.00	\$123,040.07	\$91,616.22	51.79%
Contractual	\$1,830,305.00	\$1,834,805.05	100.25%	\$1,720,351.00	\$1,507,926.26	\$326,878.79	87.65%
Capital	\$87,980.00	\$15,587.33	17.72%	\$75,101.00	\$1,347.84	\$14,239.49	1.79%
Transfer	\$20,816.00	\$20,944.98	100.62%	\$20,240.00	\$18,226.38	\$2,718.60	90.05%
Total Expense	\$4,965,976.00	\$4,600,624.73	92.64%	\$4,714,283.00	\$3,859,245.84	\$741,378.89	81.86%

## COMMUNITY HEALTH SERVICES DIVISION

### Board of Health Report

For March 9<sup>th</sup>, 2016

#### Highlights and Service Trends:

##### Community Health:

- **Dental Program:**
  - **Adult Dental:** The 2015 yearly total for adult dental (334) demonstrated a 37.9% decrease in comparison to the 2014 total (538). Despite the state budget crisis, the state has continued to provide dental coverage for adults with Medicaid.
  - **Child Dental:** The 2015 yearly total for child dental (4825) demonstrated a 5.26% decrease in comparison to the 2014 total (5093).
  - **Program Promotion:** During 2015, an advertising campaign occurred which included posters on select city transit bus routes regarding the need for oral health care and the availability of the dental clinic.
  - **Anecdote from Child Dental:** please see the Attachment in this document.
- **Immunizations:**
  - **Vaccines for Children (VFC):** The 2015 yearly total of VFC vaccines provided (11,656) demonstrated a 15.7% increase in comparison to the 2014 total (10,072). This increase was due in part to several VFC private providers in the area unable to provide VFC vaccines this year—sending their clients instead to the health department. It should also be noted that this increase occurred despite the need to reduce service provision during the training for and transition to the new electronic medical record and billing system, ezEMRx, during June, July and August of 2015.
  - **Private Vaccines (adult and child combined):** The 2015 yearly total of private vaccinations provided (783) demonstrated a 38.3% increase in comparison to the 2014 total (566).
  - **Strategies for the summer back-to-school rush:** a meeting was held with several school nurses on 2/22/16 to brainstorm strategies that might assist parents of school-age children to make their appointments for immunizations earlier in the spring and summer so that the last minute rush in August is avoided. Joint efforts as well as internal adjustments were identified and have already begun to be implemented.
- **Home Nursing Agency Program:** 2015 marked the first full year when only one RN was available to provide Home Visits to private pay clients in our Home Nursing Agency program. Client visits in 2015 (254) decreased by 45% in comparison to 2014 (462).

##### Personnel:

- **Personnel changes in January and February 2016:**
  - **Transfers:** Katelyn Stites, RN, hired to become the new Lead RN for STIs; she will be transferring from the McLean County Jail staff; her first day will be 3/7/16.
  - **Interns:** 1) Liam O'Rourke (for Emergency Preparedness); 2) Matt Hattendorf (for CHS), Univ. of IL College of Applied Health Sciences, for clinical hours.

#### Communicable Disease:

- **Communicable Disease:** the first 2 months of 2016 passed quickly as CD staff handled the additional demands of 2 infectious diseases: 1) mumps (1<sup>st</sup> new case identified in mid-January, and another outbreak declared on 2/5/16); and, 2) Zika (no cases, but intense media and health care provider interest).
  - **Mumps Outbreak:** weekly conference calls were re-instituted for stakeholders and a total of 5 occurred between mid-January and 2/29/16. Case #s (as of 3/1/16): 14 cases and 15 “probables” (which are treated as cases).
  - **Zika:** a conference call was held on 2/19/16 with stakeholders who handle international travel for students, faculty and staff, to share CDC and IDPH recommendations for travelers. In addition, staff continues to field calls regarding testing and forward guidance documents to health care providers such as OB/GYNs. Several media interviews have also been provided.
- **Training:** staff have been participating in Zika webinars and reading CDC guidance documents in order to stay current with developments.
- **TB:** There have been no active TB cases in 2014 or 2015; however, latent TB infection (LTBI) clients continue to be followed at approximately the same level for these time periods: 21 LTBI cases in 2014 and 20 LTBI cases in 2015. It is estimated that at least 10% of LTBI cases convert to active TB at some point in their lifetime. By providing medication and case management to these individuals, approx. 4 individuals have been prevented from conversion to active TB during this 2-year period. Estimates for the cost of providing treatment to an uncomplicated active TB case: \$17,000; estimates for the cost of providing treatment to a person with LTBI: \$582 (per IDPH for a 12-week course of treatment; 2012).

#### Public Health Emergency Planning and Response (PHEPR) Program:

- **Additional Funding:** after submitting a proposal to IDPH for additional Public Health Emergency Preparedness (PHEP) funding (\$12,044) for a Functional Needs Mapping Project, in conjunction with Illinois State University, MCHD was notified that its proposal was accepted. A budget amendment was submitted on 2/26/16 to reflect the additional funding in the FY'16 (“PHEP BP4”) PHEP grant, ending 6/30/16.
- **MRC Report:** please see attached report for 2015, indicating that the estimated economic value of MRC contribution during 2015 was \$13,911.28, with 417 volunteer hours contributed. The # of activities provided for the MCHD MRC during 2015 (19) remained above the state (18), region (15) and national (18) averages. In addition, a proposal for a 2016 MRC Challenge Award of \$15,000 was submitted. If received, this award would help fund additional Mental Health First Aid training for first responders as well as partial funding for monthly training for our MRC volunteers and a Disaster Mental Health conference in late 2016.
- **Capability Planning Guides (CPGs):** staff and community stakeholders met from December 2015 – January 2016 to participate in grant-required CPG assessments. All were completed before the state deadline of 2/1/16.

#### Administrative Activities:

- **Health Promotion:** please refer to the attached “HE Monthly Report 2015”, which notes the many health education programs and materials provided to the community through the Health Promotion Program at MCHD.
- **IPLAN/Community Assessment Collaboration Efforts:** Meetings were held with the McLean County Community Health Council on 2/11/16 and 2/25/15 to review the community needs assessment data and to determine the top health priorities for McLean County for the next 3-5 year period. The top 3 health priorities: Appropriate Access to Health Care; Behavioral Health; and, Obesity.
- **New Medical Advisor:** Dr. Kenneth Inoue’s last day was 12/31/15. As of 1/1/16, MCHD’s new Medical Advisor is Dr. Justin Holschbach. His specialty is family practice.

**COMMUNITY HEALTH SERVICES DIVISION**  
**PRELIMINARY QUARTERLY REPORT**  
**4th Quarter, 2015**

<b>COMMUNITY HEALTH SERVICES</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>4th Qtr 2015</b>	<b>4th Qtr 2014</b>	<b>YTD 2015</b>	<b>YTD 2014</b>
Home Nursing Visits	17	17	18	52	104	254	462
Community Clinic Screenings	0	0	0	0	27	0	172
School Service Contracts-discontinued 2011	0	0	0	0	0	0	0
Child Care Nurse Consultant Services	48	44	40	132	146	494	525
Dental Appointments, Adults	25	21	27	73	127	334	538
Dental Appointments, Children	386	360	291	1037	1146	4,825	5,093
Valued Vision Appointments	0	0	0	0	17	0	90
Eye Clinic, IPA, Adults	0	0	0	0	14	0	192
Eye Clinic, IPA, Children	0	0	0	0	23	0	164
Vision & Hearing Screenings	237		225	462	1268	2,775	4,487
				0		0	0

<b>COMMUNICABLE DISEASE CONTACTS</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>4th Qtr 2015</b>	<b>4th Qtr 2014</b>	<b>YTD 2015</b>	<b>YTD 2014</b>
STD Counseled	53	40	70	163	256	743	1,118
Gonorrhea: Tested & Investigated	106	106	96	308	341	1,081	1,303
Chlamydia: Tested & Investigated	126	123	116	365	360	1,308	1,521
Syphilis: Tested & Investigated	26	26	41	93	178	478	824
HIV Counseled	26	42	51	119	195	651	722
HIV Tested & Investigated	33	41	48	122	187	531	753
Immunizations Given - VFC	1198	904	979	3081	3040	11,656	10,072
Immunizations Given - CD STD Clinic	0	3	2	5	25	53	120
Immunizations Given - Private (Adult & Childern)	116	84	70	270	215	783	566
Flu Immunizations Given - Adults Seasonal	2380	487	193	3060	714	3,903	1,369
Flu Immunizations Given - Children Seasonal	282	190	191	663	850	1,201	1,335
Flu Immunizations Given - Adults H1N1	0	0	0	0	0	0	0
Flu Immunizations Given - Children H1N1	0	0	0	0	0	0	0
Communicable Disease Contacts	1739	1265	1198	4202	4074	17,363	19,094
HIV/STD Program Attendance	52	0	0	52	135	57	200
Other CD Program Attendance	0	70	9	79	91	307	182



**COMMUNITY HEALTH SERVICES DIVISION  
PRELIMINARY QUARTERLY REPORT  
TUBERCULOSIS CLINIC 4th Quarter, 2015**

TUBERCULOSIS CLINIC	Oct.	Nov.	Dec.		4thQtr 2015	4thQtr 2014		YTD 2015	YTD 2014
TOTAL CLINIC VISITS	111	100	85		296	515		1595	2300
Child Assessment	6	1	2		9	2		39	58
<b>DIAGNOSTIC STUDIES</b>									
TB Skin Tests Given	52	51	31		134	201		730	968
Negative TB Skin Tests	42	39	46		127	183		686	912
Positive TB Skin Tests	0	0	0		0	0		10	5
Radiological Services	2	0	0		2	0		7	0
Laboratory Tests	3	4	2		9	4		33	9
QFT	2	3	4		9	2		25	13
Bacteriology Studies Total	0	1	0		1	0		4	13
Smear Results									
Negative	0	1	0		1	0		4	6
Positive	0	0	0		0	0		0	7
Culture Results									
Negative	0	0	1		1	0		4	8
Positive	0	0	0		0	0		0	4
<b>FOLLOW UP</b>									
Contacts	0	0	0		0	0		0	5
Convertors	0	0	0		0	0		3	1
Reactors	0	0	0		0	2		10	11
Suspect Cases	0	0	0		0	0		0	1
Confirmed Cases	0	0	0		0	0		0	1
<b>TB CARE AND TREATMENT</b>									
Chart Review	0	0	4		4	101		66	188
Nurse Client Contact	0	1	0		1	82		23	138
New Medication Orders	2	2	2		6	19		21	35
Medication Refills	0	1	0		1	22		12	45
# of DOT Visits	0	0	0		0	56		5	144
<b>MD CONSULTATIONS AT:</b>									
TB Clinic	7	5	3		15	143		79	232
Jail	0	0	1		1	19		9	35
Home	0	0	0		0	0		0	0
Hospital	0	0	0		0	0		0	0
<b>NURSE CONSULTATIONS AT:</b>									
TB Clinic	8	6	3		17	241		106	368
Jail	0	0	1		1	20		17	62
Home	0	0	0		0	20		6	66
Hospital	0	0	0		0	0		0	0
<b>OUTREACH VISITS</b>									
Visit/Presentation	0	0	0		0	1		3	3
# Attending	0	0	0		0	12		33	33
Skin tests	0	0	0		0	11		19	20
Readings	0	0	0		0	10		18	19
Clients on DOT	0	0	0		0	2		1	3

**Coverston-Anderson, Cathy**

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**From:** Holly Ambuehl [hambuehl@uwaymc.org]  
**Sent:** Wednesday, March 02, 2016 8:58 AM  
**To:** Aune, Nicole; Coverston-Anderson, Cathy; Dabareiner Tom; Gambacorta Sally; Nelson Meridith  
**Subject:** Fwd: CORRECTED Dates of Invest Health National Convenings

Holly B. Ambuehl, MSW  
Collective Impact Manager  
United Way McLean County  
Cell 480.321.7466

Begin forwarded message:

**From:** "myrwjf@rwjf.org" <myrwjf@rwjf.org>  
**Date:** March 2, 2016 at 9:21:10 AM EST  
**To:** <hambuehl@uwaymc.org>  
**Subject:** CORRECTED Dates of Invest Health National Convenings  
**Reply-To:** <info@investhealth.org>

Dear Invest Health applicant: We are writing with corrected information about the dates of the second Invest Health national convening. The kick-off national convening will be June 7-10, 2016 in Philadelphia, PA. The subsequent national convenings will take place on:

- **September 27-30, 2016**
- June 6-9, 2017
- December 5-8, 2017

As previously noted, the locations of the second, third, and fourth national convenings will be determined this summer.

Thank you for your attention to this matter and we apologize for any inconvenience.

Kind regards,

Sophie Bryan  
Program Director, Invest Health

## Coverston-Anderson, Cathy

---

**From:** John Brewer [john@coding-advisor.com]  
**Sent:** Wednesday, March 02, 2016 8:42 AM  
**To:** Coverston-Anderson, Cathy  
**Subject:** Time's Up: Breach Action Plan

I wanted to be sure you know about my training tomorrow about how to prepare for a HIPAA breach. I've developed this session after consistently being asked to do so by my clients and it has really helped.

Simply put, the question is not if a breach will happen or even how to prevent a breach from happening – the real question you should ask yourself is WHEN a breach will occur (or if it's already happened to you, when it will happen again) and how to prepare for it.

Make sure you know what to do. Your ability to respond quickly and appropriately goes a long way to prevent significant fines and penalties. During my upcoming online training session tomorrow at 1pm EST, I'll walk you through the specific requirements to comply with HIPAA guidelines CFR 164.400-414.

If you'd like to attend, I recommend you sign up soon since we've limited access to ensure I can get to everyone's questions. Hope to see you there.

All the best,

*John*

John Brewer  
Coding Leader  
1854 Trade Center Way, Suite 201  
Naples, FL 34109  
Phone: 800-767-1181

Click [here](#) to unsubscribe

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## Unit Activity Summary Report

McLean County Health Department Medical Reserve Corps(Unit # 321)

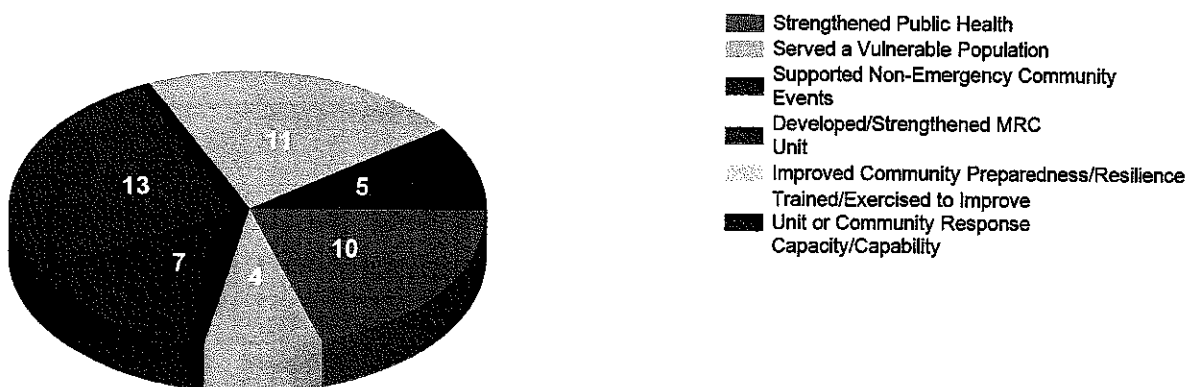
Bloomington IL

January 1, 2015 - January 1, 2016

<b>19</b>	Total Number of Activities Reported
<b>92</b>	Total Number of MRC Participants

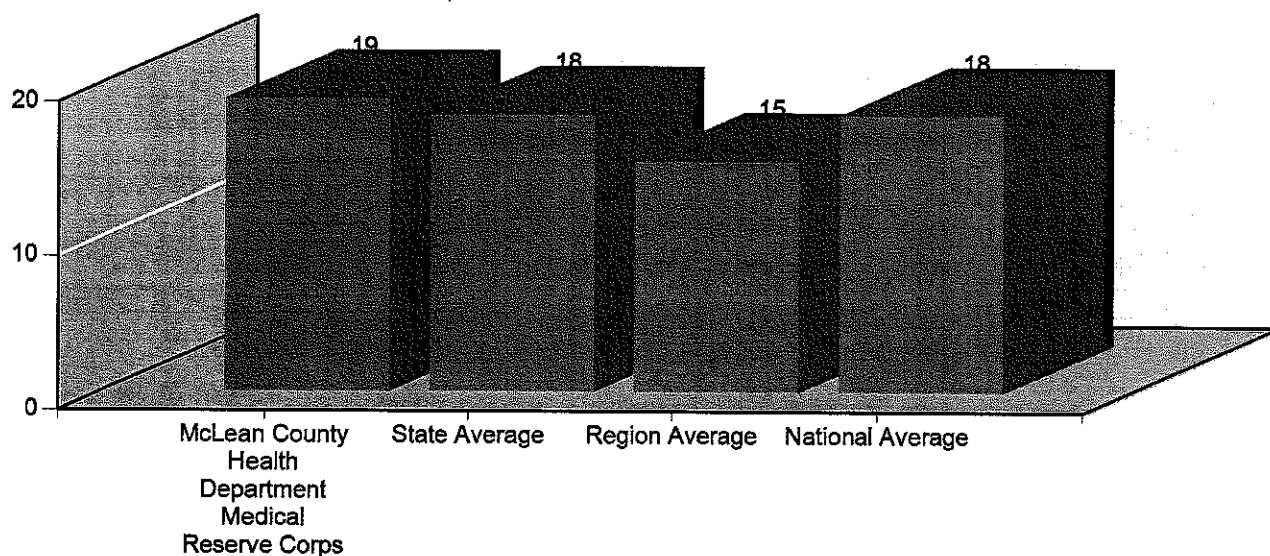
<b>417</b>	Total Number of Hours Contributed
<b>\$13,911.28</b>	Economic Value of Contribution

### Impact



Between January 1, 2015 and January 1, 2016, MRC Unit reported 19 activities, of which: 10 were strengthened public health, 4 served a vulnerable population, 7 supported non-emergency community events, 13 developed/strengthened the MRC unit, 11 improved community preparedness/resilience, and 5 trained/exercised to improve unit or community response capacity/capability.

### Comparison: Number of Activities



## DIRECTOR'S REPORT

March 2016

1. **Attachment B.** is a listing of all new contracts and grant applications requiring Board action that have been received or submitted since the last Board of Health meeting on January 13, 2016. Three contracts and two renewal applications are on file for this reporting period. A summary of changes are listed at bottom of Attachment B. **New Business, Item for Action. Staff recommends approval of the 3 new contracts and 2 applications.**
2. **Attachment C.** is a description of the 553/377 Streamline Healthcare Solutions (SHS) software package that was recently demonstrated to behavioral health staff and a select number of interested stakeholders. This is a web based automated application and reporting program designed specifically for behavioral health programs by SHS. Behavioral Health staff is asking for consideration of entering into a Professional Service Contract that would model the application of this web software to our behavioral health services and allow web based interaction between our staff and service applicants via this system. **New Business, Item for Action. Staff recommends approval of pursuing application of this automated application/reporting system.**
3. **Attachment D.** is a copy of the McLean County Board of Health Fee Resolution for services provided by the McLean County Health Department. Staff is requesting the Fee Resolution be amended to reflect the rising costs of immunization vaccines to the Health Department and adjusting the charges for STD services that have never been amended to levels billable under private insurance companies. These amendments will bring our Fee Resolution in line with costs and billable service levels. **New Business, Item for Action. Staff recommends approval of modification of MCHD Fee Resolution.**
4. **Attachment E.** is a draft copy of a newly created Monthly Activity Summary report that will be provided to the health committee as a general report. In discussions with the chair of the health committee they had requested that the health department create a monthly summary of activities consistent with what other departments provide each month to oversight committee's of the county. The intent is to provide a mechanism that gives a measure of the size and scope of services provided by health department programs on a monthly basis. This report will be used in conjunction with the educational program descriptions created by staff for the health committee to give an ongoing view of the extensive services being provided by the health department to the community. **Item for information, New Business.**
5. **Attachment F.** is a copy of the response from the Illinois Department of Human Services (IDHS) to a letter submitted by the three statewide public health associations, IPHA, IAPHA, NIPHC, on behalf of member local public health departments requesting that IDHS suspend annual reviews of programs supported by state funds until a budget has been passed. The response indicates that IDHS is extremely aware that many LHD's have reduced services, operational hours, and laid off staff as a result of the budget impasse. Nevertheless, state statutes require certain mandated reviews, including certification and clinical reviews. The response goes on to indicate that IDHS recognize the extreme challenges that LHD's are experiencing without a state operating budget and will take those into consideration when reviews are conducted. A similar letter was sent to the Illinois Department of Public Health with a near identical response. **This is Item for Information, New Business**
6. Each Board of Health member was provided an electronic copy of the draft strategic plan document. This was intended to give each member ample time to review the document prior to the formal presentation of the plan scheduled to be on the agenda for the May 11, 2016 meeting. I recognize that it is a sizable document with a significant amount of detailed information contained within it. It is meant to be a guide for future activity; it is not intended to be finite and is intentionally broad recognizing that many factors, both internal and external, impact our ability to complete each identified objective. It is a plan of possible approaches to improve our ability to satisfy the 10 essential public health services. **Item for information, Old Business.**
7. **Attachment G.** is a program anecdote submitted by one of the dental hygienists working in the MCHD dental clinic. It illustrates a good example of how important the children's dental clinic is to the community. **Item for Information, New Business.**

## ATTACHMENT B

CONTRACTS/GRANT APPLICATION LIST  
BOARD OF HEALTH      March 9, 2016

DOCUMENT TYPE	FUNDING AGENCY	FUNDING PERIOD	NEW OR RENEWAL	PRIOR FUNDING	NEW TOTAL	DESCRIPTION
1 CONTRACT	Illinois Prairie Comm IDPH	2015-2016	RENEWAL	\$8,500.00		10,000.00 Mental Health 1st Aid
2 CONTRACT	IDPH	1/01/16-12/31/16	RENEWAL	\$5,000.00		10,000.00 Ticket for a Cure
3 CONTRACT	IDPH	7/01/15-6/30/16	AMENDMENT	\$114,250.00		126,294.00 Emergency Prep
4 APPLICATION	IDPH	7/01/16-6/30/17	RENEWAL	\$75,000.00		75,000.00 HIV - Quality of Life
5 APPLICATION	IDPH	4/01/16-3/31/17	RENEWAL	\$34,678.00		24,713.00 West Nile Virus

CONTRACT

- 1 This grant from Illinois Prairie Community Foundation will be used to continue support of Mental Health 1st Aid training to community members.
- 2 Ticket for Cure Grant that is a general breast health education and outreach program. The grant allows applicants general breast health education at a variety of venues such as health fairs and community activities. The Health Department plans to utilize the "Hats off to Breast Health" curriculum. Grant annulized from 6 months to 12 month program.
- 3 The Emergency Preparedness Grant amendment, in the amount of \$12,044.00, provides additional resources for functional needs mapping.

APPLICATIONS

- 4 This grant provides HIV counseling, testing, and referral services to special targeted populations. It also provides vaccinations and other STD screenings, as well as risk reduction counseling. Contract shifted to fee-for-service. Level funding with prior year.
- West Nile Virus grant provides for surveillance, public information, human case investigation, and prevention for vectors of human disease such as mosquitoes, ticks, rodents, and other vectors. Includes testing of birds and mosquitoes. Must work with local municipalities on preventive treatment of catch basins, ditches, old tires, and other water impoundments. Grant total reduced \$9,965 or 29% from prior FY. Public Health Associates, IPHA & IAPHA, have requested restoration to current FY funding in light of ZIKA activity.

All contracts and/or grant applications may be reviewed in their entirety upon request.

McLean County Health Department  
Web-Based Registration and Application System  
Pricing Proposal (Draft)

Attachment C

**DRAFT**

**Pricing (estimated):**

**IMPLEMENTATION:** (Base System/Registration/Application)

**Development:** Konoso LLC (Tony Jedlinski)

**Public Home Page:**

Message Board

Registration:

Pending/Submit Status

Embedded funding guidelines for on-line review  
and acknowledgement

Auto-creation of login and email communication  
to Requestor of login for application.

Downloadable Documents

Links to external resources

**Application:**

Form creation tool

Overlaying query tool for each form

Authorization Letter with cumulative validations  
across Application sections.

Document upload by agency in certain sections of  
application linked to folder where other documents

"Bulk" upload of spreadsheet (per Konoso file  
format) for one section/form of application.

**Agency Home Page**

Agency - Specific and network -wide message  
boards.

Downloadable Documents

Links to external resources

**Administration:** (users/dictionaries/Agencies/etc)

**Hosting:** General Coordination with Revion (Domain  
name; SSL certificate set-up)

**Project Management/Business Analyst:** Alex Campbell

Project Plan Development and Maintenance

Business Process Analysis

Setups; Form (application)

Testing

Training

**Go-Live Support (Three months after Go-Live or August**

**Coordination (godaddy; hosting, ect)**

**Development + Project Management:**

McLean County Health Department  
Web-Based Registration and Application System  
Pricing Proposal (Draft)

**DRAFT**

**Set-up Costs (Annual):**

Hosting (Revision):

Domain Name:

SSL Certificate

**Additional IMPLEMENTATION: (Quarterly Reports)**

**Development:** Konoso LLC (Tony Jedlinski)

Demographics (Guidance & Forms):

Implement Report Creation Tool

Design integration of guidance with Form

Create report shells

**Project Management/Business Analyst:** Alex Campbell

Business Process Analysis

Complete Report Forms

Testing

Training

**Support:** included in Support below

**Development + Project Management:**

**Additional IMPLEMENTATION: (Board File Share)**

Development

Set-up/Training

**Support:** included in Support below

**ANNUAL SUPPORT:** (Will NOT be increased even if quarterly reports added)

**Development:** (Year 1: 3 months after Go - Live) - Konoso (Tony Jedlinski)

**Business Analyst:** Alex Campbell (T&M or, if preferred: Fixed at 16 hours)




McLean County Health Department  
Web-Based Registration and Application System  
Pricing Proposal (Draft)

**DRAFT**

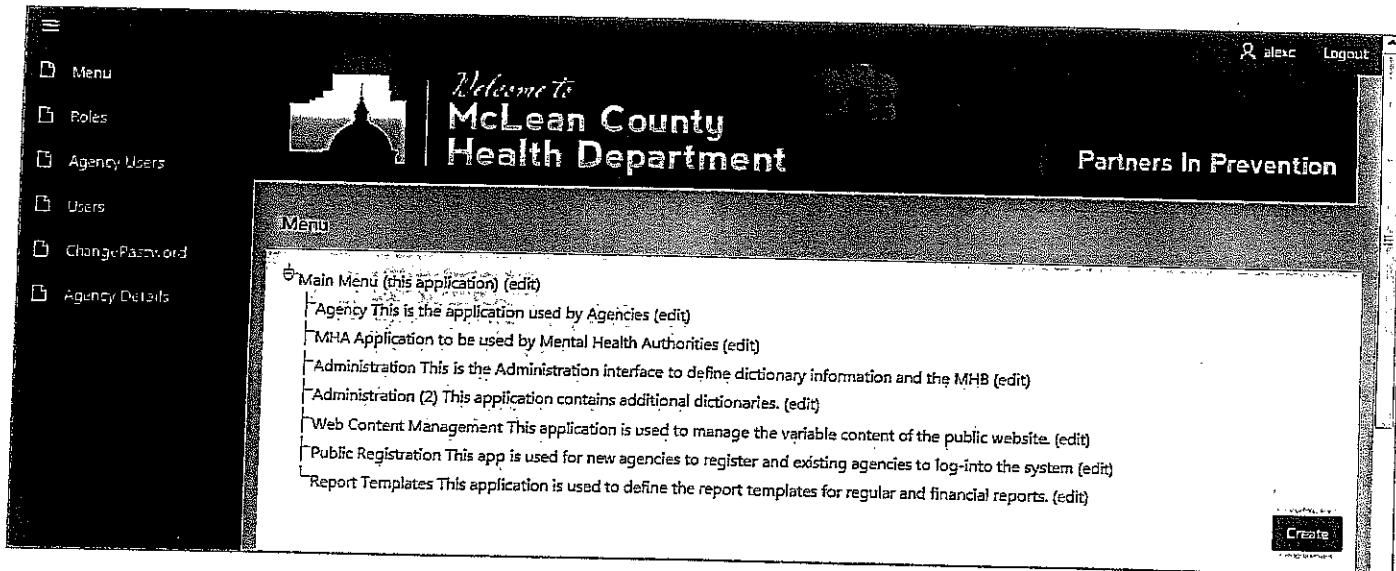
~ "Work In Progress" View:

Log-in:



The login page features a dark header with the McLean County Health Department logo on the left, which includes a silhouette of a building. The text "Welcome to McLean County Health Department" is centered in the header, and "Partners In Prevention" is on the right. Below the header, there are two input fields: "User Name" and "Password". To the right of the "Password" field is a "Login" button.

Main Menu (Administrative view)



The administrative main menu page has a dark header with the same logo and text as the login page. In the top right corner of the header, there is a user profile icon labeled "alex" and a "Logout" link. On the left side, there is a vertical sidebar menu with the following items: "Menu", "Roles", "Agency Users", "Users", "Change Password", and "Agency Details". The main content area is titled "Menu" and contains a list of menu items, each with an edit link:

- Main Menu (this application) (edit)
- Agency This is the application used by Agencies (edit)
- MHA Application to be used by Mental Health Authorities (edit)
- Administration This is the Administration interface to define dictionary information and the MHB (edit)
- Administration (2) This application contains additional dictionaries. (edit)
- Web Content Management This application is used to manage the variable content of the public website. (edit)
- Public Registration This app is used for new agencies to register and existing agencies to log-into the system (edit)
- Report Templates This application is used to define the report templates for regular and financial reports. (edit)

A "Create" button is located at the bottom right of the main content area.

**BOARD OF HEALTH RESOLUTION ESTABLISHING  
FEES FOR SERVICES OF THE McLEAN COUNTY HEALTH DEPARTMENT**

WHEREAS, the Board of Health adopted a Resolution Establishing Fees for services of the McLean County Health Department on August 18, 1993; July 18, 2012; May 8, 2013; July 30, 2014, and March 9, 2016.

WHEREAS, full or partial cost of services rendered may be offset by charging a fee; and,

WHEREAS, it is the policy of the McLean County Board, through its budget preparation resolution for 2016, to make every effort to identify and establish user fees, NOW, THEREFORE

BE IT RESOLVED, by the McLean County Board of Health, now in regular session, that the aforesaid Resolution be and hereby is amended as follows:

Amend 28.93 to read as follows:

<b>STD</b>	<b>28.93</b>	<b>STD Fee</b>	<b>\$10.00</b>
		Gram Stain	\$11.00
		<del>HIV Test Fee</del>	<del>\$30.00</del>
		Herpes Simplex Virus (HSV) 1 & 2	\$20.00
		<del>Vaccines through STD Clinic</del>	<del>\$15.00</del> <del>\$23.00</del>
		KOH Vaginal Wet Prep	\$10.00
		Clearview HIV Rapid Screening Test	<del>\$10.00</del> <del>\$20.00</del>
		<b>HCV Rapid Test</b>	<b>\$20.00</b>
		<b>Hep C antibody</b>	<b>\$21.00</b>
		<b>HIV 4<sup>th</sup> Ag/Ab Combo</b>	<b>\$36.00</b>
		<b>Syphilis Antibody Screening Cascade w/Reflex</b>	<b>\$20.00</b>
		<b>Chlamydia/GC probe for oral, rectal, urethral,</b>	
		<b>Cervical swabs and urine test</b>	<b>\$52.00</b>
		<b>HCV Evaluation and Management</b>	<b>\$40.00</b>
		<b>HCV Prevention and Education</b>	<b>\$35.00</b>
		<b>GC/CT Specimen Handling</b>	<b>\$15.00</b>
		<b>Blood Sample Handling</b>	<b>\$15.00</b>
		<b>Injectable Medication</b>	<b>\$33.33</b>
		<b>Nurse Education Visit</b>	<b>\$24.00</b>
		<b>New Patient STD Screening</b>	<b>\$68.00</b>
		<b>New Patient HIV Screening</b>	<b>\$68.00</b>
		<b>New Patient HIV Counseling</b>	<b>\$68.00</b>
		<b>New Patient STD Counseling</b>	<b>\$68.00</b>
		<b>New Patient Other Counseling</b>	<b>\$68.00</b>
		<b>Established Patient STD Screening</b>	<b>\$49.00</b>
		<b>Established Patient HIV Screening</b>	<b>\$49.00</b>
		<b>Established Patient HIV Counseling</b>	<b>\$49.00</b>
		<b>Established Patient STD Counseling</b>	<b>\$49.00</b>
		<b>Established Patient Other Counseling</b>	<b>\$49.00</b>
		 Eye Glasses Co-payment Adults	 \$50.00
		Eye Glasses Co-payment Children	\$20.00
		Pregnancy Test	\$14.00

Small Animal Trap Rental Fee	\$1.00 per day
Vet Rabies Exam Fee	\$25.00
Vicious Dog Tag Fee	\$200.00 upon reclamation/Annually thereafter
Dangerous Dog Tag Fee	\$100.00 upon reclamation/Annually thereafter
Primate Registration Fee	\$100.00 Annually

<b>TB</b>	TB Skin Test	\$20.00 (1-Step) or \$35.00 (2-step)
	<b>TB Read - Negative/Positive</b>	<b>\$24.00</b>
	Positive Reactor Screening	\$20.00
	Child TB Risk Assessment	\$14.00
	<b>Sputum Culture – Specimen Handling</b>	<b>\$15.00</b>
	<b>TSPOT</b>	<b>\$92.00</b>
	<b>BMP</b>	<b>\$13.00</b>
	<b>CMP</b>	<b>\$16.00</b>
	<b>CBC</b>	<b>\$10.00</b>
	<b>CBC w/diff</b>	<b>\$12.00</b>

Screening Tests

Hematocrit/Hemoglobin	\$9.00
Blood Lead	\$15.00
Edinberg Depression Screening	\$14.00
ASQ Screening	\$21.00
DDST Screening	\$21.00
ASQSE Screening	\$21.00

Preventive Care

Well Child Exam 0 – 4 years	\$33.00
-----------------------------	---------

Dental Clinic Fees (Rate Sheet Attached)

Exams	Fees Established at HFS Rates
Cleaning	"
X-Rays	single "
	two-three "
Sealants	"
Fillings	"
Restoration	"
Restoration (Crown with Lab)	one-three "
Restoration (Stainless Steel Crown)	"
	Fees Established at HFS Rates
Extraction	single "
each add'l	"
Root Canal	"
Fluoride Application/Varnish	"
Appointment Fee (Adults Only)	\$10.00

**Immunization**

Immunization Fee	
No application/Private pay	\$15.00 – 23.00 (or HFS Reimbursement)
Record Fee	\$2.00

Review of Imm Records for College	\$5.00
Interpreter No Show Fee	\$10.00
<b>Nurse Evaluation of Immunization/Fit Test</b>	<b>\$24.00</b>
<b>Act-Hib</b>	<b>\$53.00</b>
HPV-Gardasil	<del>\$157.00</del> \$204.00
<b>HPV-Gardasil 9</b>	<b>\$204.00</b>
Hep A Adult	\$ 92.00
Hep B Adult	\$ 88.00
MMR	<del>\$ 74.00</del> \$88.00
<b>PPSV23</b> Pneumovax PCV23	<del>\$ 91.00</del> \$107.00
Tdap – Adacel/Boostrix	<del>\$ 57.00</del> \$62.00
Varicella	<del>\$125.00</del> \$134.00
Zostavax	<del>\$201.00</del> \$214.00
Hep A Peds	<del>\$ 44.00</del> \$50.00
Hep B Peds	<del>\$ 33.00</del> \$43.00
Meningitis – Menactra	\$158.00
PCV13 – Prevnar 13	<del>\$145.00</del> \$185.00
TD – Tetanus/Diphtheria	<del>\$ 30.00</del> \$55.00
DTaP	<del>\$ 37.00</del> \$47.00
DTaP-IPV-HepB-Pediarix	\$101.00
DtaP-IPV-Kinrix	<del>\$68.00</del> \$76.00
Hib-Pedvax	<del>\$33.00</del> \$49.00
Polio IPV	<del>\$45.00</del> \$54.00
Office Visit	\$24.00
Single Vaccine Administration Fee (Adult)	\$15.00
Additional Vaccine Administration Fee (Adult)	\$ 8.00
Single Vaccine Administration Fee (Child)	\$31.00
Administration Fee Additional Component (Child)	\$16.00
Rotarix	\$153.00
Influenza 6-35 mos PF trivalent	\$ 17.00
Influenza 6-35 mos PF quadrivalent	\$23.00
Influenza 3+yrs PF trivalent	\$15.00
Influenza 3+yrs w/prsv trivalent	\$15.00
Influenza 3+yrs w/prsv quadrivalent	\$16.00
Influenza 3+yrs PF quadrivalent	\$19.00
Influenza Nasal Mist	\$24.00
Home Nursing Fee	\$10.00 – 30.00
Water Test Kit Fee	\$ 20.00
Certified Birth Certificate-first copy	\$ 15.00
Certified Death Certificate-first copy	\$ 17.00 *
Additional Birth Copies	\$ 6.00
Additional Death Copies	\$ 8.00 *
N-95 Fit Test/Mask	\$30.00

Labs

Venipuncture Blood Draw	\$15.00
Quantiferon R-TB	\$92.00
Hepatic Function Panel (+TB test)	\$12.00
HIV AB Scr w/REFL (+TB Test)	\$20.00
Hepatic Function Panel (+QFT Test)	\$12.00
HIV AB Scr W/REFL (+QFT Test)	\$20.00
Varicella – Zoster Titer	\$19.00
Measles AB IGG, EIA	\$19.00
Mump Virus IGG, EIA	\$19.00
Rubella Immune Titer	\$21.00

This amendment shall take effect and be in full force immediately upon approval.

\*\$4.00 of this fee is directly payable to the State of Illinois as a result of PA92-0141- \$2.00 and PA97-0679-\$2.00. The \$4.00 amount went into effect July 1, 2012 for any death certificates printed as of that date.

Adopted by the McLean County Board of Health, this ~~30th~~ day of ~~July, 2014.~~, this 9<sup>th</sup> day of March 2016.

APPROVED:

\_\_\_\_\_  
President, Board of Health

ATTEST:

\_\_\_\_\_  
Secretary, Board of Health

**McLean County Health Department  
Activity Summary  
Month Day, 2016**

**DRAFT**

<u>Program/Service</u>	<u>Total Clients</u>	<u>Total</u>	<u>Total Activity Measures</u>
<b>Community Health Services</b>			
<b><u>Communicable Disease Section</u></b>			
*Calls/Correspondence	_____	_____	_____
*Case Investigations (CD)	_____	_____	_____
*Clients – TB Screening	_____	_____	_____
*Clients – Pulmonologist	_____	_____	_____
*Clients - STD Clinic	_____	_____	_____
*Activities in HIV Grant	_____	_____	_____
*Adult Immunizations Given	_____	_____	_____
*Titers drawn (Check Immunity)	_____	_____	_____
<b>Child Care Nurse</b>			
<b><u>Consultant</u></b>			
*Presentations/Programs	_____	_____	_____
*Adults participants	_____	_____	_____
*Child participants	_____	_____	_____
<b><u>Dental Clinic</u></b>			
*Children	_____	_____	_____
*Adults	_____	_____	_____
*Sealants - School Setting	_____	_____	_____
<b><u>Home Nursing Program</u></b>			
*Visits	_____	_____	_____
<b><u>Immunizations and Outreach</u></b>			
*Child Immunizations HD	_____	_____	_____
*Child Immunizations Off-site	_____	_____	_____
*Outreach (Child & Adult)	_____	_____	_____
<b><u>Vision &amp; Hearing Screenings</u></b>			
*Vision	_____	_____	_____
*Hearing	_____	_____	_____
<b><u>Emergency Preparedness</u></b>			
*Total Presentations	_____	_____	_____
*Total MRC Volunteers	_____	_____	_____

**Total  
Clients****Total  
Contacts****Total  
Activities****Maternal Child Health Division****DRAFT****AOK Program**

\*All events

\*Total attendance

**Clinic Services**

\*Lead screening tests

\*Hemoglobin tests

\*Developmental Screenings

**Family Case Management**

\*FCM Caseload

\*BBO Caseload

\*Home visits/office contacts

\*Perinatal Depression Screenings

**HealthWorks Lead Agency**

\*Children 0-6 served

**WIC**

\*WIC caseload

\*Total certifications

\*Total education contacts

**Environmental Health Division****Food Program**

\*FT Estab Permits Issued

\*Temp Permits Issued

\*Total Inspections

**Private Sewage Disp Prog**

\*Installation Permits

\*Total Inspec/Reinspec

\*Septic System Evaluations

**Potable Water Program**

\*Total Installation Permits

\*Abandoned Wells Inspec

**Tanning Program**

\*Facilities Inspected

**Total  
Clients****Total  
Contacts****Total  
Activities****Solid Waste, Nuisance, Pest Cont**

\*Complaints received

**DRAFT****Geothermal Exchange Prog**

\*Installation/Registrations

**West Nile Virus Surveillance Prog**

\* # suspect birds submitted

\* # mosquito pools tested

**Behavioral Health Prog**

\* \$ Mental Health Prog Funded

\* \$ Sub Abuse Prog Funded

\* \$ DD Programs Funded

**Vital Statistics (Records)**

\*Live Births

\*Total Deaths

\*Birth Certificate Copies

\*Death Certificate Copies

**FOIA's**

\*Administration

\*Community Health

\*Environmental Health

\*Behavioral Health

**Health Promotion**

\*Educational Programs

\*Health Fairs

\*Materials Distributed

**Communications & Program Support**

\*Media Interactions

\*Facebook Likes

\*Twitter Profile Visits





**Bruce Rauner, Governor**

**Illinois Department of Human Services**

**James T. Dimas, Secretary-designate**

100 South Grand Avenue, East • Springfield, Illinois 62762  
401 South Clinton Street • Chicago, Illinois 60607

February 16, 2016

**Craig Beintema, President**  
**Illinois Association of Public Health Administrators**

**Miriam Link-Mullison, President**  
**Illinois Public Health Association**

**Terry Mason, M.D., President**  
**Northern Illinois Public Health Consortium**

**Cynthia Poland, President**  
**Southern Illinois Public Health Consortium**

Dear Mr. Beintema, Ms. Link-Mullison, Dr. Mason, and Ms. Poland:

This letter is in response to your recent correspondence in which you requested that the Illinois Department of Human Services suspend reviews of programs that are supported by state funds until after a budget is adopted. In addition, you recommended that we not take any adverse action with regard to the allocation of funds to local health departments or other local service providers in response to under-performance in any grant program during fiscal year 2016.

Please know that we are acutely aware that many health departments and community-based organizations have implemented reduced program services, operational hours, and staff layoffs to conserve available fiscal resources, while continuing to serve the highest priority clients and those most in need. Nevertheless, given the extraordinary circumstances we are all operating in, there are state statutes that we must comply with, especially with regard to certification reviews which must be completed every two years prior to the pending expiration date. As you know, IDHS and funded providers are also governed by the Illinois Maternal and Child Health (MCH) Code 630. The annual clinical reviews allow the MCH Nurse Consultant and Community Support Services Consultant (CSSC) an opportunity to identify changes in services delivery, staffing resources, training needs, changing and new special needs of the target population, as well as other barriers to client service delivery and achievement of expected client outcomes. Reasons for under-performance can be documented on the review reports and used to determine statewide impact on providers and clients during this fiscal year. Additionally, effective July 1, 2015, IDHS and funded providers became accountable to GATA (Grant Accountability & Transparency Act), which mirrors the Federal Funding Accountability and Transparency Act (FFATA).

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We recognize our providers' extraordinary contributions, particularly given the challenges presented by the budget impasse, and we aim to balance those difficulties with our very important statutory obligations. IDHS case management program staff will be available to discuss individual provider circumstances, including developing a plan to target services to the highest priority clients (which, in descending order, would be women who have been identified through the state's Adverse Pregnancy Outcome Reporting System [APORS], Healthworks, Pregnant Women, At-Risk Infants and Not-At-Risk Infants) in order to achieve the best possible outcomes given the limited resources. As issues arise, please coordinate with your appropriate IDHS contact and we will work within the confines of our statutory requirements to address your concerns.

We appreciate the work your organizations perform to improve the health of people and communities in Illinois, and we look forward to continuing our work together during these challenging times as we wait in hope to an end of the budget impasse.

Sincerely,

  
James T. Dimas  
Secretary-designate

*by Melissa Hight*

**Howe, Walt**

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**Subject:** FW: Anecdotal Description

**From:** Barton, Ingra  
**Sent:** Monday, January 11, 2016 11:53 AM  
**To:** Albee, Susan  
**Cc:** Barton, Ingra  
**Subject:** Anecdotal Description

On April 29, 2015 a 18 year old male came into the dental clinic seeking treatment. He had just arrived here from another country and spoke no English. Through his interpreter, he stated that he had very little or no dental care prior to this visit. He presented with severe decay and gum disease. There were multiple teeth in need of Root Canals , Crowns , and fillings not to mention that he had visible radiographic calculus ,inflammation , and generalized bleeding , which indicated that he needed deep scaling and root planning. Over the next several months , the client returned for several appointments. He received an ultrasonic scaling and prophylaxis to improve his periodontal and gingival health. He also had many appointments for fillings to treat areas of decay. At his initial appointment, he was also given a dental referral to find a dentist to perform the root canals necessary to save his back molars. On November 3, 2015 the patient returned for his 6 month cleaning and checkup. I was pleased to see that he had almost finished all the treatment recommended . All the areas of decay had been addressed except for one remaining extraction of a third molar, and one root canal . He had completed two root canals, five fillings , and 2 crowns. His oral health had greatly improved , going from poor to good. I was happy to see that the patient took advantage of the services available to him, and that we were able to help him in such a beneficial way.

